

June 14, 1997

Page 1 of 1

Center: Patient Initials:
Rand Number: Form completed by: 1. Visit: ☐ 00 Pre-randomization☐ 18 18 month☐ 30 30 month

N_VISIT

For each statement, check the answer that best describes how often you felt or behaved this way -- DURING THE PAST WEEK.

	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most or All of the Time (5-7 Days)
2. I was bothered by things that usually don't bother me deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
3. I did not feel like eating; my appetite was poor deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
4. I felt I could not shake off the blues even with help from my family or friends deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
5. I felt I was just as good as other people deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
6. I had trouble keeping my mind on what I was doing deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
7. I felt depressed deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
8. I felt that everything I did was an effort deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
9. I felt hopeful about the future deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
10. I thought my life had been a failure.....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
11. I felt fearful deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
12. My sleep was restless deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
13. I was happy deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
14. I talked less than usual deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
15. I felt lonely deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
16. People were unfriendly deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
17. I enjoyed life deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
18. I had crying spells deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
19. I felt sad deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
20. I felt people disliked me deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7

21. I could not get "going" ~~deleted~~

☐ 1

☐ 3

☐ 5

☐ 7

Summary scales:

Variable Name

Description

CES

Center for Epidemiologic Studies Depression Scale

For information on how this summary scale was computed see the following reference.

Radloff, L. S. (1977). *The CES-D Scale: A self-report depression scale for research in the general population*. *Applied Psychological Measurement*, 1, 385-401.